hand a great
Entry Blank—Please Type or Print > father w. br
Ms./Artist BERGER, SUSAN BERGE (last name last)
Permanent 323 6 WARRINGTON RO. SHAKON HEICHTS 6H10 44115 Daytime Tel. (216) 561.6799
SHAKON Street CHTS City
6 H 10 44115 Daytime Tel. (2/6) 561.0799
Zip area
Temporary or Studio Address
Street City
Daytime Tel. (
Zip area
If you do not presently live in one of the counties of the Western Reserve, in which county were you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold:
Street
City State Zip
Special Instructions
Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.
When necessary, include instructions or a drawing for assembling and displaying an object.
Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.
The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.
Signature Suran Barger
U
I have received the unsold/unaccepted object(s) in good condition.
Signature

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

□ Pair	ntings \square Gra	☐ Graphics		Photography	
☐ Scu	lpture Cra	fts	(specify category		
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